

**CAFAS SUMMARY SCORING SHEET**  
**CHILD AND ADOLESCENT FUNCTIONAL ASSESSMENT SCALE**

Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Child ID: \_\_\_\_\_ Date Assessed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Service Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Agency Case #: \_\_\_\_\_ MaineCare # \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_M\_\_\_\_F  
 Child's County Residence: \_\_\_\_\_ Region: \_\_\_\_I\_\_\_\_II\_\_\_\_III  
 Rater Name: \_\_\_\_\_ Rater ID#: \_\_\_\_\_  
 Agency Name: \_\_\_\_\_

<u>CAFAS Administration Options</u>	<u>Services Program (check one of the following)</u>
<u>Targeted Case Management:</u> ____ Entry into Service ____ Annual ____ Exit from Service <u>WrapAround Maine (High Fidelity Wrap):</u> ____ Entry into Service ____ 6 month intervals ____ Exit from Service <u>65M&amp;N Services:</u> ____ Entry into Service; Reauthorization ____ (1) ____ (2) ____ (3) ____ Exit from Service * ____ Other _____	Targeted Case Management (13.12) ____ WrapAround Maine (High Fidelity Wrap) (13.12) ____ Child & Family Behavioral Health Treatment Services (65M) ____ Community-Based Treatment for Children Without Permanency(65N) ____

**Scale Scores for Youth's Functioning**

DIMENSION	DIMENSION RATING Choose one rating option (30) (20) (10) (0)
<b>Role Performance</b>	
School/Work	
Home	
Community	
<b>Behavior Toward Others</b>	
<b>Moods/Self-harm</b>	
Moods/Emotions	
Self-Harmful Behavior	
<b>Substance Use</b>	
<b>Thinking</b>	

**TOTAL FOR YOUTH**

<b>Levels of Overall Dysfunction based on Youth's Total Score</b>	
8-Scale Summary	Description
0-10	Youth exhibits no noteworthy impairment
20-40	Youth likely can be treated on an outpatient basis, provided that risk behaviors are not present
50-90	Youth may need additional services beyond outpatient care
100-130	Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care
140 & higher	Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community
Rev. 11/16/07	

**COPIES OF THIS FORM NEEDS TO BE MAILED AS SPECIFIED BELOW**

Targeted & Wraparound Maine (High Fidelity) Case Management Provider Agencies:

DHHS, Attention: Children's Quality Improvement Assessment Data,  
 11 SHS, Marquardt Bldg., 2<sup>nd</sup> Floor, Augusta, ME 04333

65M&N Provider Agencies:

Region I - DHHS, CBHS, 161 Marginal Way, Portland, ME 04101 (Fax: 822-2358)  
 Region II - DHHS, CBHS, 11 SHS, Greenlaw Bldg, Augusta, ME 04333 (Fax: 287-7557)  
 Region III - DHHS, CBHS, 176 Hogan Road, Bangor, ME 04401 (Fax: 561-5389)